



IFW

Docket No. 1254 DIV

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: James F. McGuckin, Jr., et al  
Examiner: Davis Group Art Unit: 3731  
Serial No: 10/609,027 Filed: June 27, 2003  
For: **Injection Method for Locating Vessel Lumen**

**AMENDMENT**

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated September 24, 2004, please amend the above-identified application as set forth below. Note claims 1-12 remain in this application; claims 13-17 have been canceled without prejudice or disclaimer.



Docket No. **1254 DIV**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant:

James F. McGuckin, Jr., et al

Serial No.: 10/609,027

Group Art Unit: 3731

Filed: June 27, 2003

Examiner: Davis

For: **INJECTION METHOD FOR LOCATING VESSEL LUMEN**

Commissioner For Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING**

Date of Deposit: 10/5/04

I hereby certify that the following:

- ☒ This Certificate of Mailing
- ☒ Amendment
- ☒ Amendment Fee Transmittal
- ☒ Return postcard

are being deposited with the United States Postal Service first class mail on the Date of Deposit indicated above in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

Neil Gershon  
Rex Medical  
2023 Summer Street  
Suite 2  
Stamford, CT 06905  
(203) 348-0377



Docket No. 1254 DIV

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: James F. McGuckin, Jr., et al

Examiner: Davis

Group Art Unit: 3731

Serial No: 10/609,027

Filed: June 27, 2003

For: Injection Method for Locating Vessel Lumen

AMENDMENT FEE TRANSMITTAL

COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment for the above-identified application.

[x] No additional fee is required.

CLAIMS AS AMENDED

	<u>Claims Remaining After Amendment</u>		<u>Highest No. Covered by Previous Payments</u>		<u>Rate Extra</u>	<u>Additional Fee</u>
Total Claims*	12	-	17	=	x \$9.00	\$ 0.00
Independent Claims	3	-	3	=	x \$44.00	\$ <u>0.00</u>
<b>Total:</b>						\$ 0.00

The Commissioner is hereby authorized to charge any additional fees which may be required for this amendment, or credit any overpayment to Deposit Account No. 501567. **TWO DUPLICATE COPIES OF THIS SHEET ARE ATTACHED.**

Petition for Extension of time pursuant to 37 C.F.R. §1.136(a) is not believed to be required. However, if a petition for extension of time under 37 C.F.R. §1.136(a) is required with this Amendment, please treat this paper as a petition for such extension. The Commissioner is hereby authorized charge the required extension fee pursuant to 37 C.F.R. §1.17, to Deposit Account No. 501567.

Respectfully submitted,

Dated: 10/5/04

By: Neil D. Gershon

Neil D. Gershon  
Reg. No. 32,225  
Attorney for Applicant

Rex Medical  
2023 Summer St.  
Suite 2  
Stamford, CT. 06905  
(203) 348-0377